

RE-AIM: Application To AoA Evidence-based Demonstration Projects

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History/background For RE-AIM

Late 1990s: Increasingly clear that major problems moving research into practice

Helpful models for understanding and planning health care programs but no systematic models for translation

Almost total focus on efficacy—assumed that linear “automatic” process from efficacy → effectiveness → dissemination



Successful or evidence-based programs
will not automatically diffuse into
routine practice.

Purpose of RE-AIM Model

- To help close the gap between research studies and practice by
 - Informing design of interventions
 - Providing guides for adoptees
 - Suggesting standard reporting criteria

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"My question is: Are we making an impact?"

RE-AIM to Help Plan, Evaluate, and Report Studies

<i>R</i>	→	Increase	<u>R</u> each
<i>E</i>	→	Increase	<u>E</u> ffectiveness
<i>A</i>	→	Increase	<u>A</u> doption
<i>I</i>	→	Increase	<u>I</u> mplementation
<i>M</i>	→	Increase	<u>M</u> aintenance

Glasgow, et al. *Ann Behav Med* 2004;27(1):3-12

RE-AIM Dimensions and Definitions

	DIMENSION	DEFINITION
Individual Level	REACH	<ol style="list-style-type: none">1. Participation rate among eligible individuals2. Representativeness of participants
	EFFICACY / EFFECTIVENESS	<ol style="list-style-type: none">1. Effects on primary outcome of interest2. Impact on quality of life and negative outcomes

RE-AIM Dimensions and Definitions (Cont.)

	DIMENSION	DEFINITION
Setting Level	ADOPTION	<ol style="list-style-type: none"> 1. Participation rate among possible settings 2. Representativeness of settings participating
	IMPLEMENTATION	<ol style="list-style-type: none"> 1. Extent to which intervention delivered as intended (fidelity) 2. Time and costs of intervention
Both	MAINTENANCE	<ol style="list-style-type: none"> 1. (Individual) Long-term effects of intervention (≥ 6 months) 2. (Individual) Impact of attrition on outcomes 3. (Setting) Extent of continuation or modification of treatment

Ultimate Impact of Magic Diet Pill

<u>Dissemination Step</u>	<u>Concept</u>	<u>% Impacted</u>
50% of Clinics Use	Adoption	50%
50% of Clinicians Prescribe	Adoption	25%
50% of Patients Accept Medication	Reach	12.5%
50% Follow Regimen Correctly	Implementation	6.2%
50% of Those Taking Correctly Benefit	Effectiveness	3.2%
50% Continue to Benefit After 6 Months	Maintenance	1.6%

RE-AIM Summary

To determine the characteristics of interventions that can:

- Reach large numbers of people, especially those who can most benefit
- Be widely adopted by different settings
- Be consistently implemented by staff members with moderate levels of training and expertise
- Produce replicable and long-lasting effects (and minimal negative impacts) at reasonable cost

RE-AIM Applied to AoA Evidence-Based Prevention Demonstration projects

Cross-Site Writing Group (Alphabetical order)

Nancy Chernett

Mary Gallant

Tara Healy

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Working title for paper:

Translating Evidence-Based Health Promotion
Interventions for Older Adults to Community
Settings:

Issues of Reach, Representativeness and Adoption

(AOA Cross-site Writing Group 2005-2006)

Objectives of the Cross-site Writing Group Translation Paper

- To learn more about reach, recruitment, and adoption than possible from examining a single experience

Objectives of the Cross-site Writing Group Translation Paper (Cont.)

2. REACH: To determine if evidence-based interventions reached the individuals for whom they were intended

Objectives of the Cross-site Writing Group Translation Paper (Cont.)

3. To determine the representativeness of program participants and participating organizations
 - their characteristics when compared to the target population in their community or state

Objectives of the Cross-site Writing Group Translation Paper (Cont.)

4. **ADOPTION:** To determine the extent to which agencies helped by recruiting study participants, and/or by conducting the intervention

Methods

- Survey all demonstration sites to:
 - Identify common and unique issues related to reach, recruitment, and adoption
 - Compare study samples to the intended population on relevant social, demographic, and health characteristics

Translation Paper Key Reach Outcomes at Individual Level

Common successful or unsuccessful participant
recruitment techniques

Barriers to participant participation

Translation Paper Key Adoption Outcomes Setting Level

Barriers to agency participation

Common successful or unsuccessful:

- Agency recruitment techniques
- Techniques for recruiting program delivery personnel



- Questions in the following areas:

- What methods used to recruit participants and organizations facilitated recruitment?
- What challenges were encountered with recruitment, and what lessons were learned from this experience?

Questions in the following areas (cont.)

Who and/or which organizations were responsible for recruiting participants and volunteers?

What were the inclusion and exclusion criteria used for both individuals and agencies?

Process


- Send survey to project research partner
- Complete the survey with your project team
- Keep a copy and return the original to us within two weeks

Process (Cont.)

- Contact us before you complete the survey if you have any questions
- After you complete the survey, one of us will contact you to set up a time to review the survey with you by phone

Issues

- Some projects might not fit neatly into our categories.
 - Some parts of the survey may be more relevant to some sites than others because of the structure of their projects.
- But the programs are delivered in real world settings
- There are lessons to be learned which we'll be able to convey in the article



“If we want more evidence-based practice, we need more practice-based evidence.”

Larry W. Green, 2004

Questions, Counterpoint, Discussion

